

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011090

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** ANIMAL RESCUE FOUNDATION OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

1807 OKEECHOBEE RD.  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

1811 OKEECHOBEE RD.  
FT. PIERCE, FL 34950

**Current Mailing Address:**

1807 OKEECHOBEE RD.  
FT. PIERCE, FL 34950

**New Mailing Address:**

1811 OKEECHOBEE RD.  
FT. PIERCE, FL 34950

FEI Number: 26-3734545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JUILLERAT, DANA K  
1807 OKEECHOBEE RD.  
FT. PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

JUILLERAT, DANA K  
1811 OKEECHOBEE RD.  
FT. PIERCE, FL 34950 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DANA K JUILLERAT

01/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JUILLERAT, DANA K  
Address: 9528 SHADOW LANE  
City-St-Zip: FT. PIERCE, FL 34951

Title: D  
Name: UBILLA, JOSE  
Address: 427 SOUTH MARKET AVE.  
City-St-Zip: FT. PIERCE, FL 34982

Title: D  
Name: FRISCHKORN, CARROL  
Address: 1651 BENNY DR.  
City-St-Zip: FT. PIERCE, FL 34949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANA K JUILLERAT

PD

01/19/2010

Electronic Signature of Signing Officer or Director

Date